

**FILED**  
UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
JAN 19 2016  
JEFFREY P. ALLSTEADT, CLERK  
PS REP. - CM

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Northern District of Illinois

Case number (if known): \_\_\_\_\_

Chapter you are filing under:

- ☒ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☐ Chapter 13

☐ Check if this is an amended filing

## Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Identify Yourself

#### 1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

#### About Debtor 1:

Vera

First name

M.

Middle name

Hill

Last name

Suffix (Sr., Jr., II, III)

#### About Debtor 2 (Spouse Only in a Joint Case):

First name

Middle name

Last name

Suffix (Sr., Jr., II, III)

#### 2. All other names you have used in the last 8 years

Include your married or maiden names.

First name

Middle name

Last name

First name

Middle name

Last name

First name

Middle name

Last name

First name

Middle name

Last name

#### 3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

XXX - XX - 7 9 1 9

OR

9 XX - XX -

XXX - XX -

OR

9 XX - XX -

Debtor 1

Vera  
First Name

M.  
Middle Name

Hill  
Last Name

Case number (if known)

**About Debtor 1:**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

Include trade names and *doing business as* names

☒ I have not used any business names or EINs.

Business name

Business name

EIN

EIN

**About Debtor 2 (Spouse Only in a Joint Case):**

☐ I have not used any business names or EINs.

Business name

Business name

EIN

EIN

**5. Where you live**

406 Beach Avenue

Number Street

Unit 1A

Lagrange Park

City

IL

State

60526

ZIP Code

Cook

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

**If Debtor 2 lives at a different address:**

Number Street

City

State

ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.  
(See 28 U.S.C. § 1408.)

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.  
(See 28 U.S.C. § 1408.)

Debtor 1 Vera M. Hill  
First Name Middle Name Last Name Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case**

**7. The chapter of the Bankruptcy Code you are choosing to file under**

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- ☒ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☐ Chapter 13

**8. How you will pay the fee**

- ☐ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☒ I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?**

- ☐ No
- ☒ Yes. District ND of Illinois When 04/16/2009 Case number 09-13581 (Dismissed)  
MM / DD / YYYY
- District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY
- District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

- ☒ No
- ☐ Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY
- Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

**11. Do you rent your residence?**

- ☐ No. Go to line 12.
- ☒ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
- ☒ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1

Vera M. Hill  
First Name Middle Name Last Name

Case number (if known)

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

- ☒ No. Go to Part 4.  
☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A)).  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)).  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A)).  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6)).  
☐ None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- ☒ No. I am not filing under Chapter 11.  
☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  
☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

- ☒ No  
☐ Yes. What is the hazard?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

If immediate attention is needed, why is it needed?

Where is the property?

Number Street

City

State

ZIP Code

Debtor 1

Vera  
First Name

M.  
Middle Name

Hill  
Last Name

Case number (if known) \_\_\_\_\_

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

Vera  
First Name

M.  
Middle Name

Hill  
Last Name

Case number (if known) \_\_\_\_\_

**Part 6: Answer These Questions for Reporting Purposes**

**16. What kind of debts do you have?**

**16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.  
☒ Yes. Go to line 17.

**16b. Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.  
☐ Yes. Go to line 17.

**16c. State the type of debts you owe that are not consumer debts or business debts.**

**17. Are you filing under Chapter 7?**

☐ No. I am not filing under Chapter 7. Go to line 18.

**Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?**

- ☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  
☒ No  
☐ Yes

**18. How many creditors do you estimate that you owe?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1-49             | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199          | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999          |  |  |

**19. How much do you estimate your assets to be worth?**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000      | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000     | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million   | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

**20. How much do you estimate your liabilities to be?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000                  | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input checked="" type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000           | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million         | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

**Part 7: Sign Below**

**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

x Vera M. Hill  
Signature of Debtor 1

x \_\_\_\_\_  
Signature of Debtor 2

Executed on 01/19/2016  
MM / DD / YYYY

Executed on \_\_\_\_\_  
MM / DD / YYYY

Debtor 1 Vera M. Hill  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**X**

\_\_\_\_\_  
Signature of Attorney for Debtor Date  
MM / DD / YYYY

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Firm name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
Contact phone Email address

\_\_\_\_\_  
Bar number State

Debtor 1 Vera M. Hill Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**For you if you are filing this bankruptcy without an attorney**

**If you are represented by an attorney, you do not need to file this page.**

The law allows you, as an individual, to represent yourself in bankruptcy court, but **you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.**

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. **Bankruptcy fraud is a serious crime; you could be fined and imprisoned.**

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

☐ No  
☒ Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

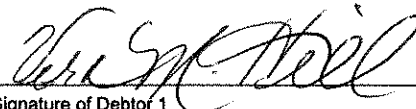
☐ No  
☒ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

☒ No  
☐ Yes. Name of Person \_\_\_\_\_

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

x   
Signature of Debtor 1

x \_\_\_\_\_  
Signature of Debtor 2

Date 01/19/2016  
MM / DD / YYYY

Date \_\_\_\_\_  
MM / DD / YYYY

Contact phone (708) 340-4668

Contact phone \_\_\_\_\_

Cell phone (708) 340-4668

Cell phone \_\_\_\_\_

Email address MsV862@yahoo.com

Email address \_\_\_\_\_



**406 N. BEACH, LLC**

% James O. Vance  
720 S. Stone Avenue  
Lagrange, IL 60525

**ADVENTIST ILLINOIS HEART & VASCULAR**

% ATG Credit, LLC  
P.O. Box 14895  
Chicago, IL 60614-4895

**ADVENTIST BOLINGBROOK HOSPITAL**

500 Remington Boulevard  
Bolingbrook, IL 60440

**ADVENTIST BOLINGBROOK HOSPITAL**

% Merchants' Credit Guide Co.  
223 W. Jackson Street #900  
Chicago, IL 60606

**ADVENTIST HINSDALE HOSPITAL**

120 N. Oak Street  
Hinsdale, IL 60521

**ADVENTIST HINSDALE HOSPITAL**

% Merchants' Credit Guide Co.  
223 W. Jackson Boulevard  
Chicago, IL 60606

**ADVENTIST LAGRANGE MEMORIAL HOSPITAL**

5101 S. Willow Springs Road  
Lagrange, IL 60525

**ADVENTIST LAGRANGE MEMORIAL HOSPITAL**

% Creditors Collection Bureau, Inc.  
P.O. Box 1022  
Wixom, MI 48393-1022

**ADVENTIST LAGRANGE MEMORIAL HOSPITAL**

% Malcolm S. Gerald & Associates, Inc.  
332 S. Michigan Avenue, Suite 600  
Chicago, IL 60604

**ADVENTIST LAGRANGE MEMORIAL HOSPITAL**

% Merchants' Credit Guide Co.  
223 W. Jackson Boulevard #700  
Chicago, IL 60606

**AFFILIATED RADIOLOGISTS, S.C.**

1725 W. Harrison Street #450  
Chicago, IL 60612

**AT&T MIDWEST RESIDENTIAL**

% Southwest Credit  
5910 W. Plano Parkway #100  
Plano, TX 75093-4638

**AT&T MIDWEST RESIDENTIAL**

% Southwest Credit  
P.O. Box 1985  
Southgate, MI 48195-0985

**AT&T**

P.O. Box 8100  
Aurora, IL 60507-8100

**BURLINGTON NORTHERN SANTE FE**

233 N. Broadway, 2<sup>nd</sup> Floor  
P.O. Box 100  
Aurora, IL 60507-0100

**CHICAGO DEPARTMENT OF REVENUE**

121 N. LaSalle Street  
Chicago, IL 60602

**CHICAGO DEPARTMENT OF REVENUE**

% CTI Collection Services  
P.O. Box 4783  
Chicago, IL 60680-4783

**CHICAGO DEPARTMENT OF REVENUE**

% Lineberger Goggan Blair & Sampson, LLP  
P.O. Box 06152  
Chicago, IL 60606-0152

**CITY OF HICKORY HILLS**

8652 W. 95<sup>th</sup> Street  
Hickory Hills, IL 60457

**CITY OF JOLIET**

150 West Jefferson Street  
Joliet, IL 60432-4148

**COMCAST**

% Credit Management, LP  
P.O. Box 118288  
Carrollton, TX 75011-8288

**COMCAST**

P.O. Box 3002  
Southeastern, PA 19398-3002

**COMEd**

P.O. Box 6111  
Carol Stream, IL 60197-6111

**COOK COUNTY HEALTH & HOSPITAL**

25706 Network Place  
Chicago, IL 60673-1257

**COOK COUNTY HEALTH & HOSPITAL**

15900 S. Cicero Avenue, Building B  
Oak Forest, IL 60462

**DEPARTMENT OF THE TREASURY/INTERNAL REVENUE SERVICE**

Kansas City, MO 64999-0010

**DEPARTMENT OF THE TREASURY/INTERNAL REVENUE SERVICE**

% DuPage Recorder of Deeds  
421 N. County Farm Road  
Wheaton, IL 60187

**DRIVE FINANCIAL SERVICES**

P.O. Box 660633  
Dallas, TX 75266-0633

**DUPAGE PATHOLOGY ASSOCIATES, S.C.**

520 E. 22<sup>nd</sup> Street  
Lombard, IL 60148

**DYNASTE POINTE APARTMENTS**

7612 S. Woodward Avenue  
Woodward, IL 60517

**EMERGENCY HEALTHCARE PHYSICIANS, LTD.**

% Dependon Collection Service, Inc.  
P.O. Box 5906  
River Forest, IL 60305-5906

**FIRST PREMIER BANK**

P.O. Box 5519

Sioux Falls, SD 57117-5519

**FIRST PREMIER BANK**

% Rushmore Service Center

P.O. Box 5508

Sioux Falls, SD 57117-5508

**ILLINOIS EMERGENCY MEDICINE**

P.O. Box 366

Hinsdale, IL 60522

**ILLINOIS EMERGENCY MEDICINE**

% Merchants' Credit Guide Co.

223 W. Jackson Boulevard #700

Chicago, IL 60606

**ILLINOIS STATE TOLL HIGHWAY**

2700 Ogden Avenue

Downers Grove, IL 60515

**JOHN H. STROGER HOSPITAL**

(f/k/a Cook County Hospital)

1901 W. Harrison Street

Chicago, IL 60612

**LAGRANGE FIRE DEPARTMENT**

49 S. Lagrange

Lagrange, IL 60525

**LAGRANGE FIRE DEPARTMENT**

% Heller & Frisone, Ltd.

33 N. LaSalle #1200

Chicago, IL 60602

**LAGRANGE FIRE DEPARTMENT**

% Northwest Collectors, Inc.

601 Algonquin Road, Suite 232

Rolling Meadows, IL 60008

**LOAN SHOP**

2207 Concord Pike #250

Wilmington, DE 19803

**MCI RESIDENTIAL SERVICE**

P.O. Box 17890  
Denver, CO 80217-0890

**NEPHROLOGY ASSOCIATES OF NORTHERN ILLINOIS**

120 W. 22<sup>nd</sup> Street  
Oak Brook, IL 60521

**NEPHROLOGY ASSOCIATES OF NORTHERN ILLINOIS**

% DSG Collection  
1824 W. Grand Avenue #200  
Chicago, IL 60622

**NET CASH**

% AAM, Inc.  
330 Georgetown Square, Suite 104  
Wood Dale, IL 60191

**NICOR GAS**

P.O. Box 0632  
Aurora, IL 60507-0632

**NORTHWESTERN MEDICINE**

28155 Network Place  
Chicago, IL 60673-1281

**NORTHWESTERN MEMORIAL HOSPITAL**

251 E. Huron Street  
Chicago, IL 60611

**NORTHWESTERN MEMORIAL HOSPITAL**

P.O. Box 73690  
Chicago, IL 60673-7690

**PERSONAL PHYSICIANS**

5909 W. 35<sup>th</sup> Street  
Cicero, IL 60804

**PREMIER INTERNAL MEDICINE**

% Collection Professionals, Inc.  
723 First Street  
P.O. Box 416  
LaSalle, IL 61301-2535

**PRIMARY CARE SERVICES, S.C.**

2425 W. 22<sup>nd</sup> Street #205  
Oak Brook, IL 60523-4650

**SPEEDY CASH**

1931 N. Mannheim Road  
Melrose Park, IL 60160

**SPEEDY CASH**

% Ad Astra Recovery Service  
3611 N. Ridge Road #104  
Wichita, KS 67205

**TCF BANK**

800 Burr Ridge Parkway  
Burr Ridge, IL 60521

**TITLEMAX OF BRIDGEVIEW**

7260 W. 79<sup>th</sup> Street  
Bridgeview, IL 60455

**T-MOBILE**

P.O. Box 742596  
Cincinnati, OH 45274-2596

**U-HAUL**

P.O. Box 21501  
Phoenix, AZ 85036-1501

**U.S. CELLULAR**

P.O. Box 0203  
Palatine, IL 60055-0203

**VILLAGE OF BELLWOOD**

3200 Washington Boulevard  
Bellwood, IL 60104

**VILLAGE OF BELLWOOD**

% Municipal Collection Services, Inc.  
P.O. Box 666  
Lansing, IL 60438-0666

**VILLAGE OF BOLINGBROOK**

375 West Briarcliff Road  
Bolingbrook, IL 60440

**VILLAGE OF BOLINGBROOK**

% CCA

P.O. Box 806

Norwell, MA 02061-0806

**VILLAGE OF BRIDGEVIEW**

7500 S. Oketo Avenue

Bridgeview, IL 60455

**VILLAGE OF BRIDGEVIEW**

% Municipal Collection Services, Inc.

P.O. Box 666

Lansing, IL 60438-0666

**VILLAGE OF DOWNERS GROVE**

801 Burlington Avenue

Downers Grove, IL 60515-4776

**VILLAGE OF FOREST PARK**

517 Des Plaines Avenue

Forest Park, IL 60130

**VILLAGE OF FOREST PARK**

% Municipal Recovery Services, Inc.

P.O. Box 101

Huntley, IL 60142-1101

**VILLAGE OF HILLSIDE**

425 Hillside Avenue

Hillside, IL 60162

**VILLAGE OF HILLSIDE**

% Municipal Collection Services, Inc.

P.O. Box 327

Palos Heights, IL 60463-0327

**VILLAGE OF HINSDALE**

19 E. Chicago Avenue

Hinsdale, IL 60521-3489

**VILLAGE OF JUSTICE**

7800 Archer Road

Justice, IL 60458

**VILLAGE OF JUSTICE**

% Municipal Collection Services, Inc.  
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Lansing, IL 60438-0666

**VILLAGE OF LAGRANGE**

53 S. Lagrange Road  
Lagrange, IL 60525

**VILLAGE OF LAGRANGE**

% MCSI, Inc.  
P.O. Box 327  
Palos Heights, IL 60463

**VILLAGE OF LAGRANGE PARK**

447 N. Catherine Avenue  
Lagrange Park, IL 60527

**VILLAGE OF LAGRANGE PARK**

% Arnold Scott Harris, P.C.  
111 W. Jackson Boulevard #600  
Chicago, IL 60604

**VILLAGE OF LOMBARD**

255 E. Wilson Avenue  
Lombard, IL 60148-3969

**VILLAGE OF MELROSE PARK**

1000 N. 25<sup>th</sup> Avenue  
Melrose Park, IL 60160

**VILLAGE OF WOODRIDGE**

Five Plaza Drive  
Woodridge, IL 60517

**WACHOVIA DEALER SERVICES**

P.O. Box 51470  
Ontario, CA 91761

**WOMEN'S WORKOUT WORLD**

% ASF International  
640 Plaza Drive #300  
Highlands Ranch, CO 80129